

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30469**

FILED OCT 13 1948

Registration District No. **236**

Primary Registration District No. **4352**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County **Morgan**
(b) City or town **Versailles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway # 52 Y Rock Island R.R. Track
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Life**
years, months or days)

3. (a) PRINT FULL NAME **Louis Henry Albers**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **495-07-1914**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Johanne Meta Albers** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 1, 1888**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 **3** hr. min.

9. Birthplace **Stover Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Mill & Produce**

12. Name **Henry Albers**

13. Birthplace **Pymont Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Gesche Priesmeyer**

15. Birthplace **Stover Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Irene Albers**

(b) Address **Stover, Mo.**

17. (a) **Burial** (b) Date thereof **10-6-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stover Cem.**

18. (a) Signature of funeral director **J. L. Washburn**

(b) Address **Stover Mo.**

19. (a) **10-5-48** (b) **J. L. Washburn**
(Date received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan**
(c) City or town **Stover**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **4th.**
year **1948** hour **11** minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death
Killed by train
Mo 24 11:45 AM

Due to _____

Due to _____

Other conditions.
(Include pregnancy, within 3 months of death)

Major findings:
Of operations **70% 3**

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **10-4-48**

(c) Where did injury occur? **Versailles Morgan Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 52

While at work? _____ (c) Means of injury **Truck**

23. Signature **Brick L. Trickett** (M. D. or other)

Address **Versailles Mo.** Date signed **10-5-48**

NOV 5 1949

RECEIVED

District Health Officer No. 7,

District File Number Q-48-1165

Date Filed 10-11-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4094

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.